

# SHARE - FSG/SSG 2003

## EMERGENCY SHELTER QUARTERLY REPORT

**Only Providers of Emergency Shelter Should Complete.  
Do Not Use for Transitional Housing Information.**

	<b>Report Period</b>	<b>Due Date</b>
Quarter 1	July 1, 2002 – September 30, 2002	October 10, 2002
Quarter 2	October 1, 2002 - December 31, 2002	January 10, 2003
Quarter 3	January 1, 2003- March 31, 2003	April 10, 2003
Quarter 4	April 1, 2003- June 30, 2003	July 10, 2003

1. Grant Recipient: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
3. Grants: SSG: 03-SG-# \_\_\_\_\_ FSG: 03-FG-# \_\_\_\_\_ Quarter: (*circle one*) #1, #2, #3, #4
4. Prepare one report for each type of facility. Check type below:
  - ☐ Full-Year Emergency Shelter
  - ☐ Day Shelter
  - ☐ Winter Shelter
  - ☐ Domestic Violence Emergency Shelter
5. Number of **new households/family units/cases** added this quarter: (*Quarter 1 includes all households in your facility on July 1, 2002. Quarters 2-4 include only those households not present in previous quarters.*) \_\_\_\_\_
6. Number of **new persons** added this quarter: (*Quarter 1 includes all persons in your facility on July 1, 2002. Quarters 2-4 include only those persons not present in previous quarters.*) \_\_\_\_\_
7. Number of **persons** turned away this quarter: \_\_\_\_\_
8. Number of **bed nights** provided this quarter: \_\_\_\_\_
9. Number of **TANF** eligible Households and Persons:
 

<u># of Households</u>	<u># of Persons</u>
_____	_____

10. Number of new persons (# 6 ) receiving the following benefits: *(Numbers should reflect all family members. Persons may be counted in more than one category.)*  
 \_\_\_\_\_ Social Security \_\_\_\_\_ S.S.I. \_\_\_\_\_ General Relief  
 \_\_\_\_\_ Child Support \_\_\_\_\_ Food Stamps \_\_\_\_\_ TANF \_\_\_\_\_  
 \_\_\_\_\_ No Benefits \_\_\_\_\_ Other (Does not include wages): \_\_\_\_\_
11. Age: *[total must equal number of new persons (#6)]*  
 \_\_\_\_\_ 0 - 4 years \_\_\_\_\_ 5 - 17 years \_\_\_\_\_ 18 - 45 years  
 \_\_\_\_\_ 46 - 60 years \_\_\_\_\_ 60 and above
12. Sex: *[total must equal number of new persons (#6)]*  
 \_\_\_\_\_ Male \_\_\_\_\_ Female
13. Number of physically disabled persons: *(those new persons this quarter who needed handicapped facilities)* \_\_\_\_\_
14. Number of new persons this quarter with HIV/AIDS: \_\_\_\_\_
15. Ethnicity: *[total must equal number of new persons (#6)]*  
 \_\_\_\_\_ Black \_\_\_\_\_ White (non-Hispanic) \_\_\_\_\_ Hispanic  
 \_\_\_\_\_ Asian \_\_\_\_\_ American Indian \_\_\_\_\_ Other/Unknown
16. Family Composition: *[total must equal new cases(#5)]*  
 \_\_\_\_\_ Unaccompanied Adult Men \_\_\_\_\_ Unaccompanied Adult Women  
 \_\_\_\_\_ Unaccompanied Male Youth \_\_\_\_\_ Unaccompanied Female Youth  
 \_\_\_\_\_ Single-Parent Families - Male \_\_\_\_\_ Single-Parent Families - Female  
 \_\_\_\_\_ Two-Parent Families \_\_\_\_\_ Adult Couples without Children  
 \_\_\_\_\_ Other Family Composition: \_\_\_\_\_
17. Number of Veterans of the United States Armed Services:  

<u>Veteran Status</u>	<u>Male</u>	<u>Female</u>
a. Single Individual	_____	_____
b. Family		
# of adult veterans in families	_____	_____
# of adult non-veterans in families	_____	_____
# of children in families	_____	_____
18. Does the facility accept persons/families by referral only? *(This excludes self-referral.)*  
☐ Yes      ☐ No
19. Referral Sources: *[total must equal new cases (#5)]*

_____ Dept. of Social Services	_____ Community Services Agencies
_____ Mental Health Agencies	_____ Family/Friends
_____ Police	_____ Churches
_____ Hospitals	_____ Self-Referrals
_____ Other Shelter	_____ Other Sources: _____

20. Number of new persons this quarter whose homelessness is the result of:  
 \_\_\_\_\_ Eviction      \_\_\_\_\_ Foreclosure

21. Number of persons turned away for the following reasons: [*total must equal number of unmet requests (#7)*]

_____ Lack of Bed Space	_____ Two-Parent Family
_____ Mental Illness	_____ Mental Retardation
_____ Drug Addiction	_____ Intoxication
_____ Disruptive Behavior	_____ Physical Handicap
_____ Other: _____	

22. Housing Placement: (*number of households/family units/cases and persons who left your facility during this quarter*)

	<u># of Cases</u>	<u># of Persons</u>
Other Homeless Shelter	_____	_____
Transitional Housing	_____	_____
Permanent Housing	_____	_____
Other or Unknown	_____	_____

23. Accomplishments this quarter:

Administration: \_\_\_\_\_

\_\_\_\_\_

Operations: \_\_\_\_\_

\_\_\_\_\_

Services: \_\_\_\_\_

\_\_\_\_\_

Other: \_\_\_\_\_

Person Completing this Report: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Phone Number : \_\_\_\_\_ Fax Number : \_\_\_\_\_

*Please answer all questions. Incomplete or inaccurate reports will be returned.*

1. Enter the name of the grantee organization/program and the site locality. For example, Homeless Shelter, Inc. - Richmond.
2. Enter the mailing address of the organization.
3. Enter the FSG and SSG grant numbers found on the grant agreement contract and circle the quarter number. The reporting quarters and report due dates are found on the grant agreement contract.
4. Check the facility type funded with FSG/SSG.
5. Enter the number of households, family units, or cases that were added this quarter. Quarter 1 includes all households in your facility on July 1, 2001. Quarters 2 - 4 include only those households not present in previous quarters.
6. Enter the number of new persons who were added this quarter. Quarter 1 includes all persons in your facility on July 1, 2001. Quarters 2 - 4 include only those persons not present in previous quarters.
7. Enter the number of persons turned away by phone and those who were walk-ins. Do not include those persons you are certain were sheltered in another facility.
8. Enter the number of times beds were occupied this quarter. For example, a facility with 2 beds, each of which was occupied for 90 days of the quarter by the same 2 individuals, would have provided 180 bed nights.
9. Enter the number of households/persons who are TANF eligible.
10. Enter the number of new persons (#6) who received each type of benefit. You should count the persons for as many benefits as apply.
11. Enter the number of persons in each age group. If age is unknown, use your best estimate. The total number of persons in all five age groups must equal the total number of new persons added this quarter (#6).
12. Enter the number of females and males. The total number must equal the total number of new persons added this quarter (#6).
13. Enter the number of new persons added this quarter who needed handicapped facilities. Include those persons you placed in a motel, but do not include those who were referred to another shelter/facility.
14. Enter the number of new persons added this quarter with HIV/AIDS.
15. Enter the number of new persons in each ethnic category. The total of all six categories must equal the total of new persons added this quarter (#6). Use the "Other/Unknown" category only if absolutely necessary.
16. Enter the family composition (households/family units) of the new cases added this quarter. The total of all nine categories must equal the total of new cases added this quarter (#5). "Other Composition" means family units/households that do not fit into any of the categories listed. For example, an aunt with a minor niece or nephew would be included in this category.
17. Enter the number of new persons this quarter who are Veterans of the United States Armed Forces or families in which at least one adult member is a Veteran. A Veteran is anyone who has ever been on active military duty status.
18. Indicate whether or not persons/families are accepted by referral only. For the purposes of this question, self-referrals are not considered referrals.
19. Enter the number of new cases added this quarter that came to your facility from one of

the referral sources listed. If unknown, use "Self-Referrals". Please describe "Other Sources" if marked. "Community Services Agencies" means any community or social service agency not included in the list of referral sources.

20. Enter the number of new persons added this quarter whose homelessness is the result of eviction and foreclosure.
21. Enter the number of persons whose request for shelter was unmet this quarter for one of the reasons listed. Please describe "Other" reasons if marked. The total of all nine categories should equal the number of persons turned away this quarter (#7).
22. Enter the number of cases (households/family units) and the number of persons in the households/family units who left your facility during this quarter.

**"Other Homeless Shelter"** means a homeless shelter in any jurisdiction or location

**"Transitional Housing"** means a program designated as a transitional program with a stay not exceeding 2 years.

**"Permanent Housing"** is used if the household/family unit intends to establish residence in a housing unit for a period of time.

**"Other or Unknown"** is used when the family/household unit went back to the street, into an institution, moved to another state, etc.

23. Briefly describe purchases or accomplishments directly related to the expenditure of FSG and/or SSG funds. This question is not optional. It must be completed to the best of your ability.

*Share FSG/SSG recipients must complete the statistical information form each quarter, whether or not share funds were expended in that quarter.*